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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/040,902
Filing Date	December 28, 2001
First Named Inventor	Eric Klinker
Group Art Unit	2661
Examiner Name	Unknown
Attorney Docket Number	PA2330US

Total Number of Pages in This Submission 43

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard, Declaration & Power of Attorney
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Total page number does not include postcard and check(s), if applicable.	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Carr & Ferrell, LLP Cust. No. 22830	
Signature		Reg. No. 48,861
Date	April 11, 2002	

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**FEE TRANSMITTAL**  
**for FY 2002**

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** (\$) 798.00**Complete if Known**

Application Number	10/040,902
Filing Date	December 28, 2001
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METHOD OF PAYMENT		FEE CALCULATION (continued)																									
<b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 06-0600 Deposit Account Name: Carr & Ferrell, LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>3. ADDITIONAL FEES</b>																									
<b>2.</b> <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																											
FEE CALCULATION																											
<b>1. BASIC FILING FEE</b>																											
<table><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101 740</td><td>201 370</td><td>Utility filing fee</td><td>370</td></tr><tr><td>106 330</td><td>206 165</td><td>Design filing fee</td><td></td></tr><tr><td>107 510</td><td>207 255</td><td>Plant filing fee</td><td></td></tr><tr><td>108 740</td><td>208 370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114 160</td><td>214 80</td><td>Provisional filing fee</td><td></td></tr></tbody></table>		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	101 740	201 370	Utility filing fee	370	106 330	206 165	Design filing fee		107 510	207 255	Plant filing fee		108 740	208 370	Reissue filing fee		114 160	214 80	Provisional filing fee			
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SUBTOTAL (1) (\$) 370																											
<b>2. EXTRA CLAIM FEES</b>																											
<table><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>51</td><td>-20 = 31</td><td>9</td><td>279</td></tr><tr><td>5</td><td>-3 = 2</td><td>42</td><td>84</td></tr><tr><td></td><td></td><td></td><td>0</td></tr></tbody></table>		Total Claims	Extra Claims	Fee from below	Fee Paid	51	-20 = 31	9	279	5	-3 = 2	42	84				0										
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SUBTOTAL (2) (\$) 363																											
*or number previously paid, if greater; For Reissues, see above																											
		Other fee (specify) _____																									
		SUBTOTAL (3) (\$) 65																									

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Kenneth P. Backus	Registration No. (Attorney/Agent)	48,861
Signature		Telephone	(650) 812-3400
		Date	April 11, 2002

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